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RESPONSE AFTER FINAL

including:

[X]	Response under 37 CFR §1.116
[]	Notice of Appeal
[]	Appeal Brief under 37 CFR §41.37 (filed in triplicate)
[]	Reply Brief under 37 CFR §41.41 (filed in triplicate)

Request for Continued Examination (RCE) Transmittal

Other: Terminal Disclaimer: Fee Transmittal Form [X]

for filing in U.S. Patent Application Serial No. 10/064,791

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PTO/SB/17 (12-04v2)
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		Complete if Known	RECEIVED	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	<u> </u>	Complete if Known 10/064791	CEN RAL FAX CENTER	
FEE TRANSMITTAL	Application Number Filing Date	4		
For FY 2005		08/16/2002	AUG 0 4 2005	
FOFF1 2005	First Named Inventor Examiner Name	Movchan Hai Vo		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1771		
TOTAL AMOUNT OF PAYMENT (\$) 130.00	Attorney Docket No.	13DV-13975)	
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order Nor	on Other (place is	lantiff À '		
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAR	RCH FEES EXA	MINATION FEES		
Application Type Fee (\$) Fee (\$)	Small Entity	Small Entity	id (\$)	
Utility 300 150 500	<u>Pee (\$) Fee (\$)</u> 250 20		10 (4)	
Design 200 100 100	50 13			
Plant 200 100 300	150 16	••••		
Reissue 300 150 500	250 60	•••		
Provisional 200 100 0	•	0 0		
2. EXCESS CLAIM FEES Small Entity				
Fee Description				
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100				
Multiple dependent claims				
Multiple dependent claims 36() 180 <u>Total Claims</u> Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims				
	0	Fee (\$) Fee Paid	<u>(\$)</u>	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims	e Pald (\$)			
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3. APPLICATION SIZE FEE				
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<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each</u>	ch additional 50 or fract (round up to a whole n		Paid (\$)	
4. OTHER FEE(S)			 s Pald (\$)	
Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): Terminal Discla	aimer		30.00	
SUBMITTED BY	Degistration No.			
Signature Somenia & Hartman	Registration No. (Attorney/Agent) 32	,701 Telephone (219) 4		
Name (Print/Type) Domenica N.S. Hartman		Date August 4	, 2005	

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